COMMISSION ON MENTAL HEALTH AND DEVELOPMENTAL SERVICES FRIDAY, JUNE 29, 2001 9:00 AM

MEETING LOCATION: SRC

PHONE ACCESS AVAILABLE AT SNAMHS

MINUTES

PRESENT: Frances Brown, MSN, MSEd, RN, Chair

David Ward, Vice Chair Eric Albers, Ph.D. Rena Nora, M.D. John Brailsford, Ph.D.

Elizabeth Richitt, Ph.D.

ABSENT:

STAFF Carlos Brandenburg, Ph.D., MHDS PRESENT: Debbie Hosselkus, LSW, MHDS

Mike Torvinen, ASO IV, MHDS Jim Northrop, Ph.D., SNAMHS

Larry Buel, Ph.D., RC

Marcia Bennett, Ph.D., RRC Stan Dodd, LCSW, DRC Harold Cook, Ph.D., NMHI David Rosin, M.D., SNAMHS Rosie Melarkey, CTC, MHDS

Dave Luke, Ph.D., SRC

Christa Peterson, Ph.D., DCFS

Bruce Alder, Acting Administrator, DCFS

Theresa Anderson, Deputy Administrator, Northern Region, DCFS

Les Gruner, DCFS Joe Haar, DCFS

ALSO Misty Allen, Crisis Call Center/Suicide Hotline PRESENT: Stuart Gordon, Northern Nevada Advisory Board

Jim Vilt, NDALC
Jack Mayes, NDALC
Jason Guinasso, NDALC
Alyce Thrash, MHPAC
Mike Howie, Mojave

Ed Guthrie, Opportunity Village Keith Beard, Opportunity Village

Joe Tyler, NAMI Verna Weher, NAMI Commission on Mental Health and Developmental Services 6/29/01 Meeting Minutes
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CALL TO ORDER

Chair Fran Brown called the meeting to order.

APPROVAL OF MINUTES

MOTION: With recommended changes to pages 2, 4, 6 and 10, Dr. Elizabeth Richitt made a motion to accept the minutes of the May meeting. Dr. Rena Nora seconded. Motion Carried.

ACTION: Drs. Carlos Brandenburg and Harold Cook were asked to present alternatives to discharging patients to the homeless shelter at the next Commission meeting.

ACTION: Dr. Richitt asked that the Commission begin to build the agenda for the next legislative session. She recommended that aftercare and follow-up be included.

CRISIS CALL CENTER SUICIDE HOTLINE REPORT: Ms. Misty Allen reported that the Crisis Call Center was fully funded this legislative session. She stated that approximately 20 new volunteers are undergoing training. She reported that for this year, calls to the suicide hotline had tripled in the Reno area. However, she stressed her concern that the center received only 4,000 calls in the Las Vegas area. Ms. Allen has talked with Ms. Dorothy Bryant in the South in an attempt to research possible problems. She was encouraged that people were beginning to hear about the hotline service.

Mr. David Ward suggested Ms. Allen work with the phone company to get a number that would be more easily remembered. He stated that many clients might not be able to spell suicide. Calling a cab in Nevada is very simple (333-3333 statewide). Reaching help when considering suicide should not be so difficult.

Ms. Allen thought that putting stickers on all phone booths might help.

Dr. Eric Albers asked if Ms. Allen had been contacted by the Suicide Prevention Research Center (SPRC) regarding a grant. Ms. Allen said no. Dr. Albers wondered why he had not seen Ms. Allen at the SPRC convention in Las Vegas. He felt she should have been invited. Ms. Allen stated that Mr. Bill Evans, a board member, was sent to represent the center. However, he only attended the first day.

Dr. Albers stated there was a support group of suicide prevention providers in the South and asked whether or not there was such a group in the North. Ms. Allen replied that there was not such group in the North. Dr. Albers noted the disparity going on between Nevada's statewide hotline and the national hotline.

Dr. Brandenburg reported that Clark County has not been very cooperative, wanting to remain autonomous. He stated that the Division of Mental Health and Developmental Services elected to award the grant to the Crisis Call Center. The Clark County group was not receiving United Way funding, as they would not report outcomes as required by United Way, and they are not accredited. Dr. Brandenburg stated that he had advised Ms. Allen to move forward without the Clark County contingent, but to continue to try to bring them in. He suggested that perhaps a representative of the Commission could meet the southern Nevada folks and work toward bridging the gap.

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Dr. Nora stated that the individual from the south was having trouble completing the application, and commended Ms. Allen for helping. She felt that they might now be on their way. Ms. Allen reported that a constant dialogue continued between the north and south and it was very encouraging.

Ms. Allen reported on the continued effort on rural outreach with Sierra Pacific. She stated they were researching how to train employees of Sierra Pacific in the rural areas. Ms. Allen stated they were close to getting a youth suicide group started, which included survivors. She reported that she and Dr. Buel were sharing QPR with the rest of the state in a cost effective manner so more people can be trained.

ACTION: Ms. Allen will report on her findings regarding a new telephone number at the next Commission meeting.

SUICIDE PREVENTION RESEARCH CENTER (SPRC) UPDATE

Dr. Albers reported that SPRC was finishing up their 4-year grant from the CDC, and were pursuing an additional 3-year extension. He distributed an executive summary report to the Commissioners, stating SPRC's difficulty in moving forward in the area of human subject attemptors. He stated the center continued to work with the University Medical Center regarding this. The center has not capitalized on the resources available in the State of Nevada. Although it is regional, they have not used any individuals working in this field throughout the state.

ACTION: The Commission has requested that Mr. Bill Evans be asked to present at the next meeting.

Dr. Albers continued that the SPRC would now have to compete for this extension with 30 other centers. In 3 years, this grant has not gotten very far. Now others are competing for the monies. At the conference, he spoke for the Commission, stating the Commission would like to become more involved. He also stressed the need for rural representation and that public relations was a huge factor.

Dr. Nora stressed that for every completed suicide, there are 8 – 10 attempts. She expressed her willingness to help; and stated that she called to let them know. She also explained that coroners were not in the habit of listing suicide unless a drug over dose was involved.

Dr. Albers again stressed he would like to see the Commission pull all the grants (from the north and south) together. He noted the lack of coordination. He strongly advocates for a 5-year state plan.

ADOPTION AND SAFE FAMILIES ACT (ASFA)

Ms. Theresa Anderson presented an outline of the Adoption and Safe Families Act (ASFA) to the Commission, along with a report. She stressed the concerns of congress:

- Children languishing in foster care with multiple placements.
- Concern that family preservation is taking precedence over child health and safety.
- Growing foster care case loads.
- Escalating cost of care.
- Insufficient accountability.

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The key principles of the act are:

- Safety of children is paramount to all else, including reasonable efforts to reunify.
- Foster care is temporary, not a place in which to grow up and age out.
- Permanency planning should begin as soon as the child enters foster care and should be expedited by provision of services to families.
- Child welfare system must focus on results and accountability.
- Innovative approaches are needed to achieve goals of safety, permanency and well-being.

New mandates of the act are:

- No reasonable efforts required in cases with "aggravated circumstances."
 - Abandonment, chronic abuse, murder of another child, felony assault of any child, prior involuntary TPR on another child, voluntary manslaughter and sexual abuse.
- An unmarried family of a child less than one year old does not assume parental responsibility.
- The abuse/neglect of a child or sibling was extreme or repeated.
- Prior removals due to abuse.

Mr. Les Gruner stated 5% of the national population is considered severely mentally disturbed, and that foster care children rate 35%.

Mr. Ward asked if the 100 foster homes in Washoe County were sufficient. Ms. Anderson stated there was a need for twice that. She reported that beginning July 1, Nevada will be in the top 1/3 (#18) of the nation for paying foster care providers. The rates (driven by age) will increase from \$12 – \$14 per day to \$18 – \$20 per day.

In discussing AB 343, Dr. Albers stated it had an impact on all communities and mental health as well. It will place a burden on all the systems that help us give reasonable effort. It will be some time before we see the far-reaching effects of the bill.

BUDGET UPDATE - LEGISLATIVE BUDGET ANALYSIS BY AGENCY

Mr. Mike Torvinen distributed an updated packet. He discussed the legislative changes and distributed a summary of the legislatively approved budget as well.

Mr. Ward offered congratulations on the 23% increase. He stated this was the third biennium in a row that mental health has received substantial increases

Dr. Albers asked what the Commission could do to protect mental health from experiencing such large cuts as experienced in 1991-1992.

Dr. Brandenburg stated that the stakeholders were a big help. When the issue came down that there might be a shortfall, the Governor stood fast in not cutting mental health. Key legislators also helped. He stated that another key advantage was having great employees; they are loyal and hard working. He stated that Mr. Torvinen also helped with the SNAMHS budgets. Tracking and reporting outcomes and having credible data was very important. When we report we have a waiting list, we can offer names, addresses, etc. We can go to the budget office and offer a list, based on actual

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persons we have. Now when we come up with savings, the Governor reinforced our incentives by giving us the money we saved. In the past, if we saved money, we lost it.

CTC ANNUAL RE-CERTIFICATION

Ms. Rosie Melarkey discussed the CTC application checklist and the process of reviewing each application. She recommended all for renewal, with the exception of Rainbow Adult CTC – Special Human Services Org. of Lovelock and Positive Access, Inc. in Las Vegas. Non-renewal was also agreed upon by both of these agencies. She reported that after approval by the Commission, a certificate (with Chair Frances Brown's signature) would be sent to each agency. Dr. Brandenburg stated that MHDS encourages the person-centered concept. We receive quarterly reports from each of them. Ms. Melarkey is working on a form to better gather all data needed.

Dr. Elizabeth Richitt stated that Sonoma Industries should be corrected to read November 2000.

Mr. Ward asked when we last had a significant new CTC of a large size. Ms. Melarkey replied that Danville created Green Willow, Holdsworth and Progressive Choice. He expressed his hope that the provider rate increases would help with placements.

Ms. Debbie Hosselkus reported that most of our waits are for community jobs rather than community placements.

Dr. Brandenburg stated that since we are moving more to the community, we would like the Commission to visit those sites. The Commission suggested this occur when they have a two-day meeting. Dr. Nora suggested it was a great way to recognize those that actually do something and give a great positive boost at the same time.

Mr. Ward stated he spoke with Brian Lahren of WARC, and he said he'd love to have the Commission come tour their facility.

Mr. Ward also expressed that it was wonderful to have oversight with respect to our CTCs. He asked if there was anything remotely like this for our developmental services.

Mr. Stan Dodd reported that the DS side uses UAP (University Affiliated Program) as a QA; they look at 25 outcomes from the council. They review 50% - 75% of our caseload each year. QA within the center visits homes with a checklist, which complements the outcomes. We were audited by the federal government recently and we were complimented by them. They asked us to come provide training to others.

Dr. Brandenburg reported we are on the cutting edge with our QA system. This is one of the areas that did give us credibility with the Governor and Legislators during the session.

MOTION: Dr. Albers made a motion to accept the recertifications with the noted changes suggested by Dr. Richitt. Dr. Richitt seconded. Motion carried.

ACTION: Dr. Brandenburg will instruct Ms. Melarkey and a mental health person in the community to arrange for the Commission to visit some of the SLAs or enclaves.

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AB 343 UPDATE

Dr. Brandenburg announced that Mr. Bruce Alder was now the acting administrator for DCFS due to Mr. Steve Shaw's resignation. Mr. Alder stated that this very challenging position was a position he never coveted nor aspired to.

Mr. Alder commented on ASFA, referring to the balance between parents and children. There was a time when an orphanage was considered a permanent home, and many of the kids did well. Over years that has changed, and by the time he came aboard, he noticed that many kids were identified as long-term foster kids, creating a legal limbo for those kids. He stated he felt that in the long run, the ASFA time lines would be in the best interest of the kids.

He reported that ACR 53 became AB 343, and passed after midnight, which then became AB 1. Now it will be referred to AB 1 out of the special session. He stated that Ms. Anderson's presentation laid the groundwork for this. One of the major challenges, in order to facilitate the bill, is the passing of the bill with the confusion as to who is financially responsible. We must develop interlocal agreements with Washoe County. They met to review the details; the bill will require the counties to have a matching dollar amount to meet the appropriation of the state. We have a cap with the state as well, however, we always need a supplemental appropriation. The bill does not address what happens if the county exceeds appropriation. We want that in black and white prior to signing an interlocal agreement. Legislation did give us money, so that as the county takes over our employees, a Social Worker III starting salary is \$1000/year higher than the State's staff top out. The County made it clear that they do not want to take on an underfunded system and then try to make it right. We are trying to negotiate these issues. During the meetings, they saw that they hold the risk, but they feel that if they can get a bigger chunk of the system, they can make it fly. Many details are yet to be worked out.

Senator Bill Raggio introduced an amendment stating the state's participation in this effort would stay the same even though there will be increased caseload. The amendment did not pass, but he thought the Governor was in support of it. Mr. Alder stated he was in the process of getting the details from the Governor. Even if this is the case, Washoe County feels they can make it work.

DCFS got an 18% increase from the legislature, but wished they had gotten more help with child mental health. Foster Care pay will be increased, however with the increase it will be \$20, while Washoe County pays \$44. DCFS hopes to integrate that and work out a mid range.

Dr. John Brailsford asked if it accounted for growth rates and whether or not the funding was distributed correctly. Mr. Alder reported that he felt it could be done. The Legislature authorized three project managers, as well as a consulting firm. Washoe County will also hire managers. Funding must be geared to some sort of formula. Legislation proposed an oversight committee to oversee this process. There will be a review panel, however it will be only a review committee. He suggested that the Commission would like to get involved in the review committee to bring up mental health issues.

AB 343 AS IT AFFECTS RURAL CLINICS

Dr. Larry Buel distributed a packet regarding this bill. He stated the bill requires a mental health consortium and referred to the regions. He stated we must conduct a needs assessment and make recommendations for the budget. This needs assessment is a major project. The important thing is that it include stakeholders.

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Dr. Albers stated that BADA is currently doing this in some of the communities and have completed many of these. He suggested Dr. Buel dovetail with BADA on what is already done.

Ms. Anderson stated that in the integration, they are not planning on having the higher levels of care (1-4), and do not plan to transfer them to rurals areas yet. Experts came in to talk about other models, it turned out that many communities could not just address the bifurcated system in Washoe and Clark Counties.

Dr. Buel stated that he agreed that this was needed, but that his staff was fully employed.

Dr. Brandenburg asked if DCFS was going to take the lead on the consortium? Ms. Anderson stated that in the rurals, it must be a cooperative effort. Mr. Alder suggested utilization of a review team whereby people have to present their case before moving them.

Dr. Buel asked if DCFS would provide the managerial oversight? He felt the people are there, but to do a major program correctly, it would require much coordination. Dr. Brandenburg stated he liked the idea of dovetailing what is already in place to coordinate this. He also stated it would give DCFS and MHDS an opportunity to provide great information to both the legislative branches of the government. He stressed that the Commission may want to review the report on or before January 15.

Mr. Alder envisions dividing the rurals by region rather than counties. Ms. Anderson stated there was not quite such an urgency in the rurals as in the metropolitan areas. Dr. Brandenburg stated it would be a great way to document and realize the great deficits regarding our kids and would work to the good there as well. It will make many more people aware of the shortfalls, not just our two agencies.

CASELOAD DATA

Dr. Buel reported regarding the Yellow Ribbon Group as it impacted Douglas County. He stated his surprise in the minimal increases to our mental health groups. Raw numbers are very low, and the new trend seems to be dropping. Dr. Brandenburg asked if there was any contaminating evidence due to public relations by the Yellow Ribbon Group, whether the decrease was because the Yellow Ribbon Group is not being so exposed. Dr. Buel stated he would track this information in each of his centers and would provide it as requested.

AGENCY DIRECTORS' REPORTS

Mr. Ward commented on the waiting list information as compared to the budget increases to fund the waiting lists. He asked why we are still experiencing waiting lists. As an example, he noted DRC has about 100 on the waiting list, but in Mr. Torvinen's budget review, 54 were funded on the waiting list. He sensed that if we have an existing waiting list of something less than 100 and we have funding for 54, we are still not fully funding our waiting list.

Discussion followed regarding bed reductions and certified providers in the community. We will have to force some providers to move some clients to the next level of care.

ACTION: The waiting list information will be changed on the Agency Directors' Report form to report whether a client is waiting to be processed or whether they are on a true waiting list.

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MHDS ADVISORY BOARDS

Northern Nevada Advisory Board

Mr. Stuart Gordon again invited Commissioners to continue to attend the meetings. He distributed a position paper on Medicaid Services, citing Mojave was the only facility providing case management at this time. "Though Licensed Clinical Social Workers at State facilities and the Mojave Clinic are eligible to provide Medicaid eligible clients mental health services, other agencies with licensed staff are unable to contract to provide services."

Dr. Brandenburg explained that MHDS is the gatekeeper. The only way Mojave can do case management services is if we refer them to Mojave for case management. Right now we are only referring medication clinic clients.

Mr. Gordon expressed his concern that best practices cannot be met if we only offer a monopoly. He also expressed the importance that all be accredited.

Mr. Howie stated that if Mr. Gordon was willing to use Mojave's number, they could refer to Mojave if they would be willing to do that.

Mr. Ward asked if anyone has looked into what the financial impact would be if the state opened up contracts to MFTs or other Social Workers. Mr. Gordon did not know.

Following discussion regarding the cost involved in billing Medicaid, it was determined that most small offices can't afford it due to the forms and time constraints. Dr. Nora stated that business is so time driven, 15 minutes takes a huge cut out of the day. Dr. Richitt suggested that if DCFS would be willing to complete the forms to bill Medicaid, most Psychologists would probably be willing to offer their services.

Southern Nevada Advisory Board

No report. The Board did not meet in June.

MHDS POLICY #4.041 - EMPLOYEE SCHEDULING

Ms. Kathy McCormick reviewed Policy #4.041.

MOTION: Mr. Ward made a motion to approve the policy. Dr. Brailsford seconded. Motion carried.

PUBLIC COMMENT

Mr. Joe Tyler, NAMI President of Northern Nevada and Vice President of NAMI of Nevada reviewed NAMI's purpose. He reported that last biennium they were awarded \$75,000 for training and travel in the Family-to-Family Program. This session they have lost this funding, but with certified teachers in the state, they can continue to teach statewide. NAMI is now pursuing money from private foundation grants. With NAMI of Northern Nevada, the first classes have begun graduating (20 – 25 family members have completed the training). *Erasing the Stigma*, a TV show, which airs locally on Channel 16 on Thursday nights at 6 PM has offered Dr. Eric Albers a guest spot. He reported that the show is directed and produced by him and his wife. Mr. Tyler reported he was also a peer counselor, doing a lot of mental health work.

Mr. Ward asked if Mr. Tyler's show aired in Las Vegas. Mr. Tyler did not know, but thought perhaps it might on Channel 4 in Las Vegas.

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Dr. Nora stated that the loss of the \$75,000 was huge and asked if there was any contingency amount left from the legislature? Mr. Tyler said no.

Dr. Nora expressed her hope that we can maintain this program. Mr. Tyler stated NAMI received seed money for training and that many volunteers were trained. He also stated that NNAMHS does copying of the materials for the group.

ACTION: Mr. Tyler asked if Dr. Nora could write a letter of support for NAMI.

Mr. Ward asked Mr. Tyler to present himself to the Commission before the next session, so the Commission could incorporate NAMI's needs in their motions.

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL

Ms. Alyce Thrash reported that as a peer counselor, at the beginning of June she attended "Justice for All," a mental health conference in Washington. She met with the Surgeon General and the Kennedys.

She also reported working with the Mayor in Las Vegas for a statewide housing coordinator, and that the consumer report card was ongoing.

Mr. Thrash stated she was asked to come back to Washington. DC in July for the NAMI conference to speak about MHPAC as a council. She further reported that MHPAC has created a video for orientation. The National level is happy with us. We have a good rapport between the council and the state division heads. She invited the Commission to a joint meeting with MHPAC, stating her wish for the MHPAC council to meet the Commissioners. The next meeting will be held the end of August or first of September.

Ms. Thrash reported they were in the process of interviewing to fill three vacancies on the council. She stated they were increasing the council from 17 - 21, and that the bylaws have been amended to include stipends to consumers.

MHPAC received a grant in collaboration with MHDS on the Olmstead Act. MHPAC wrote a letter of support. Dr. Brandenburg stated that SAMHSA made the grant available to provide resources, to be as inclusive as possible, to bring in stakeholders to deal with the issues of including disability groups in councils.

Ms. Thrash reported that Debbra King, DHR's ASO, was pleased with the council and the cohesiveness of CMHS, DCFS and MHDS. We stand as a unit.

Mr. Ward stated that Nevada's ranking for adult mental health was at 48 and children mental health was at 50 nationwide per capita. He asked if Ms. Thrash had learned of any more grants available while in DC.

Dr. Brandenburg stated he recently received the latest rankings, and reported that Nevada was now 37 per capita; and 1st in medication funding.

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ACTION: Dr. Brandenburg will review the ranking and spending and break it down for the Commission for both the MH and the DS side. He reported that NASMHPD does not break out numbers between kids and adults. However, he stated MHDS does include the dollars from DCFS in reporting to them.

NDALC

Mr. Jack Mayes reported that they would have a new newsletter out next week. Mr. Mayes introduced Mr. Jason Guinasso, law intern. He further reported that NDALC received Social Security funds from the TTWII Act, and will hire two new personnel.

The National Association of Developmentally Disabled Council will be held November 12, 13 and 14 in Reno. Mr. Mayes stated they were looking for council members as well, and asked the Commission to refer consumers, family members, etc., especially those from the Las Vegas area.

Mr. Jim Vilt referred to the correspondence between NDALC and Ms. Cindy Pyzel concerning walking restraints, and reported that Ms. Pyzel had responded. The Commissioners received a copy of Ms. Pyzel's response. The Commission asked for further clarification on walking restraints.

Mr. Dodd reported that walking restraints are doctor ordered and are on a time-limited basis as well. As an example, Mr. Dodd stated that DRC continues to monitor one individual, but he has killed another client in the past and recently struck a staff member and broke her nose.

He also cited an incident with a lawsuit pending, due to an individual hurting someone in the public.

Mr. Ward asked what a walking restraint was. Mr. Dodd stated that it kept the restrained person from throwing a punch, but at the same time offered full mobility. Typically, the person is 50 minutes on restraint, 10 minutes off. They are also off restraint during eating, hygiene and sleeping. As a safety measure, laser detectors are kept on them while they sleep. These reports are filed with the Commission annually.

Mr. Vilt reported that he would follow up with Ms. Pyzel regarding the reporting process.

Dr. Brandenburg reported that the ongoing restraints were not submitted as a seclusion/restraint for each and every incident. In past years, the Commission has directed MHDS to report these yearly.

ACTION: Dr. Brandenburg and Ms. Pyzel will develop a recommendation to the Commission regarding review and reporting of walking restraints.

INFORMATIONAL

Dr. Brandenburg reported that Mr. Jonathan Andrews will report to the Commission at the end of the year regarding the Gambling Disorder study.

Dr. Nora recommended that the Commission attend the Annual Conference: Toward Meaningful Diagnosis of Gambling Disorder: From Theory to Practice to be held in Las Vegas December 2-4, 2001. She reminded the commission that the information was in their packets.

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LEGISLATIVE UPDATES

Ms. Hosselkus reported that AB 636 was approved and signed. This bill authorizes some Physician Assistants or Nurse Practitioners to screen and conduct medical evaluations. This bill also broadens the spectrum of who can transport the mentally ill. MHDS is opposed if there is not a physician on staff. Second, we must respond to COBRA requirements regarding transporting clients from one facility to another. COBRA requires a physician's consultation. We are currently developing a letter that will go to the CEOs of hospitals and psychiatric hospitals. The bill's effective date is October, and the letter should be out in August.

Dr. Nora reported that the Psychiatric Advisory Committee is very concerned with this bill and the ramifications as well.

Ms. Hosselkus reported that AB 550 has no impact on our agency. Dr. Brandenburg stated that this bill resulted due to a patient being held for an inordinate amount of time from hospitalization before being certified mentally ill. There is some concern how private for profits are doing business and the length of time involved. We were happy with the end result of the bill.

AB 346 – Assemblywoman Tiffany's bill for a pilot project for the homeless died.

SB 366 – Mental Health Court Bill, also a midnight bill, now becomes SB 6, which was approved in special session. There was no appropriation in the bill.

ACTION: During the next Commission meeting in the North, Dr. Brandenburg will ask Judge Breen to present on the Mental Health Court Bill.

SCR 3 did not make it out of the special session.

All of MHDS's One Shot appropriations were approved for computer upgrades and equipment.

NDALC tracked AB 513, which sets aside \$150,000 to develop a plan to assure availability and accessibility of services to the disabled for home and community based care.

SB 174 directs DHR and DETR with cooperation in an advisory committee on personal assistance with persons with developmental disabilities to support independent living in home and community based settings.

SB 402 expands authority for the Legislative Committee on Health Care to review issues related to long term care – evaluate and identify assistance for alternatives to long term care and institutionalization.

SB 91 affects us in that they have changed their rules in terms of allowing psychiatrists to come into the state on temporary licensure. We are dependent on locum tenens. At this point, the State Medical Board is not giving licenses. After reviewing this with our DAG, we feel the definition is incorrect. It severely affects us in the north and south.

Ms. Brown asked if we were working with the School of Medicine (SOM) to pick up the slack. She suggested that use of the school as the licensed body for the locum tenens.

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ACTION: Dr. Rosin will research using the SOM. He further stated that if we are accredited in 2004 by JCAHO, residents will then be quite a help.

MHDS REPORTS

Mr. Ward thanked MHDS for the detailed monthly reports.

ROUNDTABLE

Ms. Brown inquired about the vacancies on the Commission. Dr. Brandenburg stated he met with Mr. Bud Harris regarding the at large position. It has been sent to the Governor and should be here soon. Regarding the Physician vacancy, Dr. Brandenburg requested that the Commission keep sending names of applicants. When he receives 3 or 4, he'll write to the president of the board. The applicant should be a non-psychiatrist MD. He felt a general family practitioner would add a great perspective.

ACTION: Dr. Brandenburg will write the Board within two weeks.

Dr. Nora stated the Commission would like to acknowledge Charlotte Crawford's leadership in the mental health field, and thank her for the great gains from the legislature this session.

Dr. Richitt noted that the treatment of suicide is fractured throughout the state. She would like to have a coordinated meeting to bring together everyone involved. Ms. Allen and Dr. Nora should have a list of players.

ACTION: Dr. Nora will work with Ms. Allen to provide a list of all the players to the Commission. At the August meeting, the Commission will decide on a meeting format, as well as develop a questionnaire.

Mr. Ward expressed how proud of this Commission he was. We are doing a much better job in becoming advocates. However, we can do a much better job of getting our hands dirty and gathering information. We don't hear from many of the provider facilities. He would like to know first hand from providers and those receiving services what is going well and what can be improved upon. We should set up an agenda, both north and south each month, to visit a different facility. As we go, meet with the director, he suggested meeting with the staff separately, and talk to clients separately as well, asking what they liked and what they disliked. He felt there should be a pledge of confidentiality attached, in order not to earmark any particular facility or patient.

ACTION: Dr. Brandenburg will ask Ms. Pyzel if there are any legal ramifications.

Mr. Ward also expressed the need for a homeless center on the state property, along with BADA as well. The City of Sparks has opposed it before, but it should be on the grounds in Sparks. In order to make it happen, we need to get Governor Guinn behind it and have him talk to the Mayors, etc. We must utilize the space we have.

Dr. Brailsford extended his appreciation to everyone. He noted the detailed reports. He felt that as a Commission, the Commission should acknowledge the Legislature and Governor for what they have done for us.

ACTION: Ms. Brown will draft a letter to be sent to the Governor and Legislature.

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Respectfully submitted,

Ike Cress Recording Secretary